

<div>MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET</div> <div>Substitute for Form PTO-1360 (For use with Form PTO/SB/06)</div>							<div>Application Number</div> <div>10597166</div>		<div>Filing Date</div>					
							<div>Applicant(s) Raphael Mechoulam</div>							
							<div>* May be used for additional claims or amendments</div>							
CLAIMS	AS FILED		AFTER FIRST AMENDMENT		AFTER SECOND AMENDMENT				*		*		*	
	Indep	Depend	Indep	Depend	Indep	Depend			Indep	Depend	Indep	Depend	Indep	Depend
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Total Indep	5		3		0									
Total Depend	58	↙	38	↙	0	↙								
Total Claims	63		41		0									

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